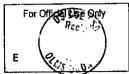
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

_			
1. File Nu	ımber U-/00	65	2. Fiscal Year Covered From:
			01 / 01 / 2004 Through: 12 / 31 / 2004
3. Name	and address of perso	n filing.	4. Name, file number, and address of labor organization.
Name	Ray	E Levangie	Name Plumbers + Steamfitters Local 398
	· /	J. S.	Labor Organization File Number 004 066
P.O. Bo	x, Bldg., Room No., if	any	P.O. Box, Building and Room Number, if any
Street	4959 Pal	o Verde St. #200-C	Street 4959 Pa, lo Verde St. #200-C
City	Montala	ir	city Montelair
State	Ca	ZIP Code + 4 9/763	State Ca ZIP Code + 4 91763
5. Positio	n in labor organization	Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	r derived income or other εconomic benefit of tion represents or is activaly seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name Amererica Contractors	Christmas Gift Certificate
Trade Name, if any:	Donated to 398 members Christmas meeting
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 404 Blueridge Ave.	
city Orange	\$50.00
State Ca ZIP Code + 4 9 0 8 0 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Ray & Se Vangie

on <u>8-8-05</u>

<u>(909) 625-2493</u>

Date

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar v 12.a. Nature of interest t Training Confinered to the confinere	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1893 Laurel Park Road City Compton State Ca. ZIP Code + 4 90220 10. If 9.b. or 9.c. is checked give trust or employer's name. Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Training Con Fare, Roo., Reimbursech Dinner meeting.	
Name: Trade Name, if any: P.O. Box, Bldg., Room No., if any Street: City State: ZIP Code + 41 ZIP Code + 41 Labor Trus: Benefit Trus: and Journey: 11.b. Approximate dollary 12.a. Nature of interest in Air Fare, Roo. Reimburse, Con Reimburse, Con Reimburse, Con Inner meeting	nization ,
State ZIP Code + 4	ee on Joint Employee st Fund For Apprenice
Secretary Ex	theld or income received. Exerce (Registration Fee. M. Rental car, meals, etc.) Expenses Apenses
12.b. Amount	<u> 99826.00</u>

C. Received from any employer (o or from any labor relations consultant t				
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.	
Name		-		,
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	•			
Street				
City		-		
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

Name of Person Filing Ray E Levangie	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
Name and address of Business (including trace name, if any).	9. Business deals with:
Name Inland Refrigeration Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 501 Shatto Pl 5 Ib St. City Los Angeles State Ca ZIP Code + 4 90020	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Labor Trustee on Joint Employee Benefit :Trust Funds for Apprence and Journeymen
Street	
	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	Educational Conference (Registration Fee Air Fare, Room, Cab Fare, Meals ect.) Reimbursed Expenses
	2/07 62
	12.b. Amount. #2607.00
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	

14.b. Amount of payment.

?

or Consultant

13.b. is the Business an Employer

Name of Person Filing Ray E Levangie	File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or idirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Jerry Weil Paul	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 5716 Corsa Ave. Suite 203	c. Employer
city Westlake Village	
State Ca ZIP Code + 4 9 / 3 6 2	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name i	Handles Asbestos related Legal
Trade Name, if any:	Services for Members
P.O. Box, Bldg., Room No., if any	
Street .	
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	Christmas Gift Certificates
	12.b. Amount. \$350.00
C. Received from any employer (other than an employer covered und	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Ray E Levangie	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actionable (2) any part of which consists of buying from or selling or leasing directly or included in the consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name NITC Corporation	a. Labor Organization
Trade Name, if any: P.O. Box, Bldg., Room No., if any	b. Trust
Street 501 Shatto Pl. Smite 201	c. Employer
city Los Angeles	
State Ca ZIP Code + 4 90020	
10. If 9.b. or 9.c. is checked give trust or employer's name.	Testing and Certification
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City State ZIP Ccde + 4	12.a. Nature of interest held or income received. Dinner meeting paid for by NITC
	•
	12.b. Amount. #80.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount \$80.00
	12.b. Amount \$80.00
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Re.at ons Consultant	12.b. Amount. \$80.00.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. #80.00 r parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. \$80.00.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. #80.00 r parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Re.at.ons Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	12.b. Amount. \$80.00.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. #80.00 r parts A and B above) or other thing of value.